



STATE OF CALIFORNIA
Enterprise Zone Hiring Tax Credit
Income Verification Worksheet

Instructions: Employers must prepare this worksheet for each employee who qualifies under Section III.D. (*Economically disadvantaged individual*) of the Voucher Application and attach it to the application.

Eligibility for this category requires that (1) the employee meet the income limits in Table A, which must be completed by the local Enterprise Zone, and (2) the applicant and/or others provide all of the information and signature(s) requested in Tables B and C below. Complete Section IV only if the employee was self-employed or received no income within the 90 days preceding the employee's date of hire.

I. Employee Information

Name:

Date of Hire:

II. Enterprise Zone Data

Enterprise Zone Administrator: The local Enterprise Zone must complete Table A. To do this, staff for the Enterprise Zone should identify (1) the name of the county that is used to determine the income limit, and (2) the income limit for the corresponding family size based on the Department of Housing and Community Development's Official State Income Limits for the very-low income category available on its website at the following address:

<http://www.hcd.ca.gov/hpd/hrc/rep/state/incNote.html>

Because the incomes listed represent the annual limit, the Enterprise Zone should multiply the very-low income figure by 25 percent to approximate the 90-day income limit.

Table A
Income Limits for Economically Disadvantaged

County: San Diego Household Income Limits for 2011						
NOTE: Household Income Limits for previous years, contact the Enterprise Zone Vouchering Agent.						
Family Size	1	2	3	4	5	6
90-Day Income Limit	7,175.00	8,200.00	9,225.00	10,237.50	11,062.50	11,887.50

III. Family Household Income

Employer: In the following table, list each family member in the employee's household, including the employee, who is at least 14 years of age. For each member, identify (a) the family member's name, (b) the family member's relationship to the employee (e.g., self, parent or guardian, spouse, dependent child or sibling, or other), (c) the form of income verified (e.g., hourly wages, salary, public assistance, unemployment compensation, etc.), and (d) the amount of income earned within the 90 days preceding the employee's date of hire. If no income was earned, state "None."

Table B
Family Household Income

(a)	(b)	(c)	(d)
Family Household Member (Name)	Relationship to Employee	Form(s) of Income Verified	Amount of Income Earned Within Preceding 90 Days (\$)
<i>Employee</i>	<i>Self</i>		
Total Family Household Income=			\$



Employee: If the employee was self-employed or received no income during the 90 days preceding the date of hire, the employee should sign the following certification:

Employee's Signature

Employer: Summarize the information from Table B and identify its source. Also, the individual who prepared this worksheet must sign where indicated.

Part	Summary of Family Household Income
1.	Family Size (i.e., number of family members in household, including employee):
2.	Family Household Income (within the preceding 90 days):
3.	Date verified employee's income:
4.	<p>Name, address, and telephone number of the income provider or third party that verified the employee's income:</p> <p>Name:</p> <p>Address:</p> <p>Phone Number:</p>
5.	<p><u>Certification of Individual Who Prepared This Table:</u></p> <p><i>I certify that I have reviewed documents or other sources supporting the employee's income cited above and that to the best of my knowledge this information is accurate and complete.</i></p> <hr/> <p>Signature of Employer Representative Title Date</p>